Certified Public Manager

Program



Application

SC Budget and Control Board

Office of Human Resources

2221 Devine Street, Suite 100 Columbia, South Carolina 29205 (803) 734-9080

APPLICATION

Certified Public Management Program Application To Be Completed by CPM Candidate

Name:	SS#:
Job Title:	
Agency:	Phone:
Agency Street Address:	Fax:
City/Town:Zip	E-Mail:
Code	
Please describe your managerial role below:	
Number of years frontline supervisory experience - Complete	es employee performance appraisals:
Number of years middle management experience - Complete	es supervisors' performance appraisals:
Describe your functional or programmatic responsibilities, agency's mission and customers. (Attach a description to approximation)	
Please respond to the following question (Attach a description	on to application).
Why should you be selected to participate in the Certi	ified Public Manager Program?
Reference your career plans and identify how this professional developerform better as a manager. Limit the length of your response to page.	
CPM Program Prerequisite:	
Completion of Supervisory Practices (Offered through the Human Resources). Course <u>must</u> have been completed <u>af</u> completion or register for Supervisory Practices by calling 7	ter September 1, 2002. Please list date of
CPM Program Requirements:	
* 300 management development hours *	Meeting testing and project standards
Level of Instruction:	
Applicants are not required to have a college degree to part written assignments, testing and projects are designed at t to have verbal, reading, and writing skills commensurate wi	he college level. Participants are expected
Commitments:	
I commit to:	
 Fully participate in all components of the progra Attend all scheduled courses Complete each assignment in the specified time Actively engage in the learning process Apply workshop learning on the job 	
Applicant Signature:	Date:

AGENCY APPROVAL

Certified Public Management Program Application To Be Completed by Applicant's Supervisor/Manager

Applicant's Supervisor/Manager

I commit to:

- Support the applicant's participation in the CPM Program
- * Develop the applicant's managerial skills, knowledge, and abilities
- * ourage and support CPM learning on the job

Supervis	or Signature:	Date:	
Agency [Deputy [Siç		Date:	
Progran	n Completion Schedule:		
	didates participate in classes generally two (2) al time is needed for developmental activities re		riod.
Agency	Payment Options:		
Please ch	eck the payment option your agency prefers.		
	Total tuition fee to be paid in full during the fi	scal year candidate begins the CPM	/I Program
	Tuition to be paid over two (2) fiscal years. (fiscal year candidate begins the CPM progran following fiscal year.		